FORM AL-AR-1

CERTIFICATE OF ASSUMING INSURER

Submitted to the Alabama Department of Insurance

| Ι, | |
|---|---|
| (Name of Officer) | (Title of Officer) |
| (Name of Assuming Insur | rer) ("Assuming Insurer" |
| the assuming insurer under reinsurance agricled in ALABAMA, hereby certify that Ass | reement(s) with one or more insurers domi |
| comply with all requirements necessary to g event of an appeal. Nothing in this paragray constitute a waiver of Assuming Insurer's ri competent jurisdiction in the United States District Court, or to seek a transfer of a case the United States or of any state in the Unite conflict with or override the obligation of the arbitrate their disputes if such an obligation 2. Designates the ALABAMA Commission whom may be served any lawful process in any reinsurance agreement(s) instituted by or on | give such court or any appellate court in the aph constitutes or should be understood to ghts to commence an action in any court of s, to remove an action to a United States to another court as permitted by the laws of ed States. This paragraph is not intended to a parties to the reinsurance agreement(s) to is created in the agreement(s). There of Insurance as its lawful attorney upon y action, suit or proceeding arising out of the behalf of the ceding insurer. MA Commissioner of Insurance to examine |
| | insurers domiciled in ALABAMA reinsured |
| Dated: | |
| | (Name of Assuming Insurer) |
| | Ву: |
| | (Name of Officer) |
| | |
| | (Title of Officer) |
| History.—Eff. 7-15-94. | |
| 643 | } |